

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002698

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 237

Primary Registration District No. —

Registrar's No. 17

FILED JAN 21 1963

VS-300
Rev. 4/59

6740

6740

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94201

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Nodaway County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) Ravenwood, Missouri		c. CITY OR TOWN Ravenwood, Missouri	
Length of stay in 1b 4 Months		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) N. E. Ravenwood		d. STREET ADDRESS (If outside, give location) N. E. Ravenwood	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Robert Edward Lee		4. DATE OF DEATH Month January Day 15 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-17-1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Signwriter		10b. KIND OF BUSINESS OR INDUSTRY Signwriter	
11a. FATHER'S NAME Robert E. Lee		11b. MOTHER'S MAIDEN NAME Mary Jane Dotcherman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, none known) (If yes, give war or dates of) Yes WW I		16. SOCIAL SECURITY NO. 8	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) —		17. INFORMANT Ina A. Lee Address Ravenwood, Missouri	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour — a.m. — p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Stanberry, Missouri	
21. I attended the deceased from Jan 4 63 to Jan 15 63 and last saw him alive on Jan 15 63 Death occurred at 8:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H. G. Garton D.O.		22b. ADDRESS Stanberry, Mo	
22c. DATE SIGNED 1-16-63		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-19-1963	23c. NAME OF CEMETERY OR CREMATORY High Ridge Cemetery	23d. LOCATION (City, town, or county) (State) Stanberry, Missouri
24. FUNERAL DIRECTOR Johnson Funeral Home, Stanberry, Mo.		25. DATE RECD. BY LOCAL REG. 1-17-63	
26. REGISTRAR'S SIGNATURE Bess Bolt			

JAN 22 1963

JAN 25 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Charles Dean Allee, Student Embalmer No. _____
working under my personal supervision.

Student

Charles Dean Allee

Signature of Student Embalmer

Signed

Robert Evan Johnson

Licensed Embalmer No.

4948

P. O. Address

Stanberry, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.